



**PARTICIPANT INFORMATION**

Child's Last Name	Child's First Name	Child's Nickname	Sex	Age	Birthdate
Child's Address	City	State	Zip Code	Home Phone	
Child's School	Grade	Additional Programs (Sports, School Activities, etc.) Child May Concurrently Attend:			

**MEDICAL/INSURANCE INFORMATION**

Child's Physician	Physician's Phone	Does your child have allergies? <b>YES NO</b> If yes, indicate allergy and emergency procedure on special needs form.
Insurance Company Name/Address	Insurance Policy Number	Insurance Group Number
Is your child under a physician's care/treatment or taking medications on a regular basis? <b>YES NO</b> List medication(s) that will need to be administered during program hours: <b>(Medical Form Required.)</b> _____ Please explain (prescription name, prescribing physician, side effects): _____		
Does your child have any <b>identified medical, personal care or special need(s)</b> (developmental, physical, emotional, or learning)? ___Yes ___No If yes, please complete the Medical/Personal Care/ Special Need(s)Form		

**PARENT/GUARDIAN INFORMATION**

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone: Pager:	
Home Address	City	State	Zip Code	
Place of Employment	E-mail Address	Do you have legal custody of child?		
Secondary Guardian's Name	Home Phone	Work Phone	Cell Phone: Pager:	
Home Address (if different)	City	State	Zip Code	
Place of Employment	E-mail Address	Do you have legal custody of child?		
Person or Agency With Legal Custody of Child if Different from Above	Home Phone	Work Phone	Cell Phone: Pager:	
Home Address	City	State	Zip Code	Place of Employment

**EMERGENCY INFORMATION (3 adults other than parent/guardian, two within 30 miles of the site, authorized to pick up child.)**

1. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
2. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
3. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Address	City	State	Zip Code	
<b>The Following person is NOT Authorized to Pick Up Participant*:</b> (Please provide name and relationship) <b>*Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.</b>				

**My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



## Youth Services Division Registration Form Addendum

### YAS

Program Year \_\_\_\_\_

Child: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Program Location: \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### EMERGENCY MEDICAL RELEASE (Please Initial)

\_\_\_\_ In the event of injury or serious illness, I give permission for **LCPRCS** staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.

\_\_\_\_ In the event of injury or serious illness, I do not give permission for **LCPRCS** staff to obtain medical treatment for my child. Instead, I instruct **LCPRCS** staff to \_\_\_\_\_.

#### PHOTOGRAPHIC RELEASE

By signing below, I give permission to **LCPRCS** to use photographs and videos of my child for publicity in order to increase community awareness of **LCPRCS** programs and in any and all publications and other media without limitation.

#### FIELD TRIP/SWIMMING RELEASE

By signing below, I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and pick-up locations of trips. I understand there is an additional charge for Camp field trips and no on-site program during field trip time. Child's swimming level: \_\_\_\_\_ **Beginner** (Only in shallow levels, not past shoulders) \_\_\_\_\_ **Average** (Mid section of pool, over head) \_\_\_\_\_ **Advanced** (All areas). Comment: \_\_\_\_\_

#### LIABILITY RELEASE

By signing below I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that **LCPRCS** can only be responsible for my child during days and times that he/she has been checked in and that **LCPRCS** will not be responsible for my child when he/she is traveling to and from any **LCPRCS** activity via transportation not provided by Loudoun County.

#### REGISTRATION AGREEMENT

1. There is no YAS when school is closed or closes early.
2. Youth Services Division's (YSD) licensed programs are staffed at a maximum ratio of 1:20, with a minimum of 2 staff.
3. I understand swimming/field trips may be part of program activities and I will be notified in advance of dates, destinations, times, and pick-up locations.
4. Movies may be included, but limited to both G and PG rated movies.
5. To ensure the health and safety of the children, if a child leaves school sick or does not attend school due to illness he/she may not attend any YSD program that day. Additionally, if a child becomes ill during the program, the parent/emergency contacts will be notified to come and pick up the child (within 30 minutes of the call) from the program.
6. Zero Tolerance Policy: **LCPRCS** does not permit the use of tobacco products, alcohol, drugs, or fireworks.
7. The use or threat of use of weapons is prohibited. Theft, shoplifting, any violent behavior, or destruction of property will result in immediate dismissal from the program and no refund of program fees. Parents will be expected to provide immediate transportation from the program in the event of dismissal.
8. Activity fees are collected prior to the start of the activity and are NON-REFUNDABLE. Two weeks written notification is requested when withdrawing from an activity.
9. YAS tuition fees are due by the 1<sup>st</sup> of the preceding month. Payments received after the 1<sup>st</sup>, will be assessed a \$10/per child late fee. If tuition is not received by the 10th, the child will be dropped from the program and parents will have to call the office to re-register.
10. If a child is dropped due to lack of attendance for two consecutive weeks, they may re-register if space is available.
11. Children must be picked up by closing time. Parents will be assessed a late pick-up fee of \$15/per child beginning at every 15 minute interval. Late pick-up fees are due with the next program fee or within two weeks of the end of the last session attended.
12. YSD outstanding balances will/may restrict registration/attendance at other **LCPRCS** activities.
13. I understand that a Parent Handbook and Payment Coupons will be issued and I will abide by the contents of each. Any child may be removed from the program if the rules, regulations and guidelines listed in the Parent Handbook are not adhered to, either by the child or parent/guardian.

☐ I certify that my child \_\_\_\_\_ is legally present in the United States

☐ I do not certify that my child \_\_\_\_\_ is legally present in the United States

**My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_